



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Providers of Services to Individuals Enrolled in the Intellectual Disability (ID), Day Support (DS), or Individual and Family Developmental Disabilities Supports (IFDDS or DD) Home and Community Based Waivers; Community Intermediate Facilities/Individuals with Intellectual Disability (ICFs/IID); and Nursing Facilities Providing Services to Individuals with Intellectual or Developmental Disabilities

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 5/20/2014

**SUBJECT:** Implementation on Quality Service Reviews (QSR) Pursuant to the Commonwealth's Settlement Agreement with the U.S. Department of Justice (DOJ)

The purpose of this memo is to communicate QSR requirements to providers of services to individuals with intellectual disability (ID) or developmental disabilities (DD) under the DOJ Settlement Agreement. Section V.1 "*Quality Service Reviews*," of the Settlement Agreement states that Virginia shall use QSRs to evaluate the quality of services at the individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to the individuals' needs and choice.

QSRs are intended to evaluate whether:

- Individuals' needs are being identified and met through person-centered planning;
- Services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and
- Individuals are having opportunities for integration in living arrangements, work and other day activities; access to community services and activities; and opportunities for relationships with non-paid individuals.

The Department of Medical Assistance Services (DMAS) is partnering with the Department of Behavioral Health and Developmental Services (DBHDS) to conduct annual QSR requirements. QSR implementation this year involves:

- Face-to-face interviews of a statistically significant random sample of individuals receiving services under the Agreement, to include 800 individuals:
  - Receiving ID, DS, and IFDDS/DD waiver services and supports;
  - Receiving services in community ICFs/IID;
  - Receiving services in state training centers; and
  - With ID/DD diagnoses in nursing facilities.
- Face-to-face surveys of individuals who have been discharged from a state training center on or after October 13, 2011;
- Surveys of family members; and
- Surveys of providers/professionals.

DBHDS has contracted with the Partnership for People with Disabilities (Partnership) at the Virginia Commonwealth University to use the National Core Indicators (NCI) adult consumer and family survey

instruments because their survey domains align with information required for the QSRs and the surveys gather a *standard set of performance and outcome measures* that Virginia can use to track performance over time, compare results with other states, and establish quality improvement benchmarks.

### **NCI Adult Survey**

For each adult randomly selected to participate in the *NCI Adult Survey* face-to-face interview and each individual who has been discharged from a training center on or after October 13, 2011, the provider that performs case management/support coordination (CM/SC) has been asked by the Partnership to:

- Select a contact person for the NCI process;
- Review and correct or provide additional contact information for individuals selected to be interviewed;
  - **To account for incorrect contact information and individuals who may decline to be interviewed, the Partnership selected twice the required number of individuals. This doubled count of individuals for whom contact information is being requested and the actual number of interviews to be conducted by group follow:**

	Number of Contact Information Requests	Number of Interviews to be Conducted
Individuals Receiving ID Waiver Services/Supports	1,208	604
Individuals Receiving DS Waiver Services/Supports	32	16
Individuals Receiving IFDDS/DD Waiver Services/Supports	76	38
Individuals Receiving Services in Community ICFs/IID	43	22
Individuals in Nursing Facilities with an ID/DD Diagnosis	126	63
Training Center Residents	114	57
Statewide Total	<b>1,599</b>	<b>800</b>

- Complete and return required background information to the Partnership for individuals the CM/SC serves and for whom a face-to-face interview was scheduled.
  - Information includes basic demographics; the individual's health, residence, employment and other day activities, other supports and services received, and behavior support needs.
- Generally assist participants and interviewers (e.g., answering participants' questions, helping with calls to schedule interviews, and connecting interviewers with participants).

Everyone selected may participate in the interview. However, if someone is unable to understand questions or has limited expressive communication, they may still participate. A family member or another person chosen by the individual may be present during the interview to assist and support the individual or answer questions as a proxy. Whenever possible, this assistance should be provided by someone other than a paid provider of service.

Background information and interview results will be entered into a secure database used by NCI (no names are used in the database and all information is de-identified).

### **NCI Family Surveys**

The three mailed *NCI Family Surveys* are being conducted in the spring of 2014:

- Adult Family Survey for family members of adults (18+) living in the family's home,
- Family/Guardian Survey for family members of adult (18+) living in residential settings, and
- Child Family Survey for families with a child who is living at home.

CMs/SCs have been asked to provide additional contact information for mailing the Adult Family and Family/Guardian surveys.

**Provider Survey**

A web-based ***Provider Access to Services and Supports Survey*** will ask program administrators about the services and supports they offer, the extent to which they can access specific services and supports on behalf of individuals they serve, and several other questions that are intended to help DBHDS and DMAS to describe and document service access needs across the state. Because of current demands of other DOJ-related activities, the Partnership will test the survey with a representative group of providers and obtain feedback as to whether the survey should be implemented in June 2014 or delayed until later this summer. Based on this response, DBHDS will determine the survey timeframe and announce the survey link to providers who are serving individuals covered by the Interagency Agreement.

DMAS and DBHDS will use the results of these surveys to help Virginia evaluate and improve service quality and identify priorities for regional and state quality improvement initiatives. Your participation in supporting the work of the Partnership in this important activity is appreciated.

For more information about current year QSR requirements and timeframes, please call and leave a message for Dawn Machonis, Partnership for People with Disabilities, at 866-647-8547.

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**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

**"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

- 1-804-786-6273 Richmond area and out-of-state long distance
- 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.